CALIFORNIA HAZARDOUS WASTE MANIFEST 1 Manifest 015 -See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard 744 P Street, Sacramento, CA 95814 GENERATOR I (4) Alternate TSD Facility (Generator Must Complete) Designated TSD Facility (Authorized to operate under an SFUND RECORDS CTR approved state program or federal program) CHEMICAL WASTE ALUMINUM CO. OF 999000998 Name OPERATING INDUSTRIES INC. (2) Name AMERICA **VERNON WORKS** Name MANAGEMENT INC C A T 0 0 0 6 4 6 1 1 1 2 6 | C | A | D | O | 8 | O | O | 1 | 2 | O | 2 | 4 | EPA NO. EPA NO. EPA NO. 430 W. ELM AVE. Phone No. 588-6141 Address 900 N. POTRERO GRANDE DR. Address 5151 ALCOA AVE Address P.O. BOX 1104 City, State, Zip MONTEREY PARK, CA. City, State, Zip COALINGA. CA. City, State, Zip VERNON, CA. 90058 U.S. DOT WEIGHT OR U.S. DOT PROPER SHIPPING NAME UNITS CONTAINERS NUMBER: \_ TYPE: DRUMS DAGS ☐ CARTONS WASTE ☐ TANK TRUCK ☐ DUMP TRUCK WASTE (6) WASTE CATEGORY (7) EX. HAZ. WASTE PERMIT NO. \_\_\_ (8) GENERATING PROCESS <u>ALUMINUM FABRICATION</u> CONC. LIST COMPONENTS: UNITS MUD □ % □ ppm. □ % □ ppm. □ % □ pom. □ % □ ppm. □ % □ ppm. □ % □ ppm. Non Hazardous Material \_\_\_\_\_\_\_ % ☐ Toxic (10) WASTE PROPERTIES: pH \_\_\_\_\_7\_\_ ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen K) Other ALUMINUM OXIDES & WATER PHYSICAL STATE: ☐ Solid K) Liquid DI Sludge ☐ Slurry ☐ Gas SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles Respirator Other\_ GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 Signature of Authorized Agent and Title TRANSPORTER (HAULER MUST COMPLETE) (14) NAME ASBURY OIL CO. (15) PICK-UP DATE ..... CAD028277036 EPA NO. ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 Gardena, California 90249 CITY, STATE, ZIP. Signature of Authorized Agent and Title (FACILITY-OPERATOR MUST COMPLETE) TSD FACILITY 18 QUANTITY (If Measured) HANDLING OR DISPOSAL METHOD: EPA NO. 19 STATE FEE (If Anv) ☐ Surface Impoundment Landfill PHONE NO. ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: (22) NAME EPA NO.

Signature of Authorized Agent and Title

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Date Accepted